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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	650053.91690
First Named Inventor	Janis T. Eells
COMPLETE IF KNOWN	
Application Number	10/758,793
Filing Date	January 16, 2004
Group Art Unit	
Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original and first inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**RED TO NEAR-INFRARED PHOTOBIMODULATION TREATMENT OF THE VISUAL SYSTEM
IN VISUAL SYSTEM DISEASE OR INJURY**

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **January 16, 2004** as United States Application Number or PCT International

Application Number **10/758,793** and was amended on (MM/DD/YYYY) **n/a** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label **26710** OR Correspondence address below

Name

Address

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any])	Janis T.	Family Name Eells or Surname	
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Inventor's Signature		Date
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5/28/04

Residence: City Madison	State WI	Country USA	Citizenship USA
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Mailing Address 3206 Tally Ho Lane

Mailing Address

City Madison	State WI	ZIP 53705	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any])	Margaret T. T.	Family Name Wong-Riley or Surname	
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Inventor's Signature	Date
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5/28/04

Residence: City Brookfield	State WI	Country USA	Citizenship USA
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Mailing Address 2705 Clearwater Drive
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Mailing Address

City Brookfield	State WI	ZIP 53005	Country USA
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Additional inventors are being named on the **1** supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number
or Bar Code Label **26710** OR Correspondence address below

Name

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City

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ZIP

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Fax

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NAME OF SOLE OR FIRST INVENTOR :	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
---	---	--	--

Given Name (first and middle [if any])	Janis T.	Family Name Eells or Surname	
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Inventor's Signature	Date
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Residence: City Madison	State WI	Country USA	Citizenship USA
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Mailing Address	3206 Tally Ho Lane
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Mailing Address	
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City Madison	State WI	ZIP 53705	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
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Given Name (first and middle [if any])	Margaret T. T.	Family Name Wong-Riley or Surname	
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Inventor's Signature	<i>Margaret Wong-Riley</i>	Date 5/3/2004
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Residence: City Brookfield	State WI	Country USA	Citizenship USA
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Mailing Address	2705 Clearwater Drive
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Mailing Address	
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City Brookfield	State WI	ZIP 53005	Country USA
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Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this box →

PTO/SB/02A (11-00)

Approved for use through 10/31/2002.

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name or Surname	
Harry T.		Whelan	
Inventor's Signature			Date <u>5/11/04</u>
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Mailing Address	5625 North Shore Drive		
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City	Whitefish Bay	State	WI
ZIP	53217	Country	USA
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:	<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle [if any])	Family Name or Surname		
Inventor's Signature			
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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